

SECTION 4

SPECIAL PERMISSION REQUEST
(PRIZE PAYOUT INCREASE)

Requests must be submitted **30 days before** the date of event.

Organization Name: _____

**see Publication 2 to determine the prize increase limitations on your specific license type.*

Based on the type of license, which increase do you wish to request: (circle one)

\$10,000 (for Bingo Only)*

\$20,000 (for Door Prize Only)

\$25,000 (Raffle in conjunction with a Charity Game Night or Bingo Only)

License Type:
Event Day & Date: Week Day: _____ / Date: _____
Playing Time(s) : From: _____ M / to: _____ M Hours**
Location of Event: (full address)

** Special Permission requests must be for the same day of the week, date and location as what is approved on the current license. The playing time(s) must also be the same as approved on the current license or at least, be within the approved time(s) on license.*

*** When listing the beginning and ending playing time(s), please specify AM and/or PM.
(AM establishes the midnight hour and PM establishes the noon hour)*

License #:_____ **Officer’s** Signature: _____ Date: _____

Officer’s Signature: _____ Date: _____

(All requests must be signed by only an active officer, listed on the most recent COF)

Amendments to a *Single Event* must be requested **30 days before** the date of event.
Amendments to an *Annual Bingo or Annual Pull Tab* must be requested **30 days before** the next scheduled event date.

- Section 1:Information
- Section 2:Amendment(s) to Operators and Workers
- Section 3:Amendment(s) to Event Location, Dates and Playing Times
- Section 4:Special Permission Request(s)

SECTION 1 Information - **Must be completed. Please submit this first page along with whichever section you have completed.**

Organization Name: _____	Officer making request: _____
Organization Address: _____	_____
City, State, Zip: _____	Contact Phone #: _____
Organization Daytime Phone #: _____	_____
License Type you’re amending: _____	License #: _____

- 1)

The information requirements on amendment request(s) is the same as that which is requested on the original application. Be sure all information is included. Requests can be faxed to (317) 232-0117 or mailed to Indiana Department of Revenue, Charity Gaming Section, Room N203, 100 North Senate Avenue, Indianapolis, Indiana 46204.
- 2)

a.

If an individual is on one organizations license already, they first must be removed from that license (by that individual or by that organizations request in writing) & then that same person must wait thirty (30) days from that official change before they can be added on to your license.
- 3)

a.

This officer(s) must be on the most recent “Current Officer Listing” (COF) we have on file. If the current officers have changed, especially after the original license was issued, please submit an updated COF with this request.

b.

If you wish for us to accept requests from your CPA or Attorney on your behalf, please submit a current Power of Attorney form with this request.
- 4)

If the event facility address has changed, a copy of the new signed lease or donation statement showing new address must be included with request or in the case of the new facility being purchased, a copy of the signed purchase agreement must be included.
- 5)

Please type or write information legibly and be sure all completed pages have two (2) officer’s signatures and is dated.
- 6)

You may submit your request(s) on organization letterhead, just as long as all the required information that is shown and requested on this form is included and/or attached to your request.
- 7)

You may submit your request(s) on organization letterhead, just as long as all the rquired information that is shown and requested on this form is included and/or attached to your request.

“EVENT CHANGES” Request Form”

Amendments should be requested 30 days before the date of event.

Please answer each question below and then complete the specific changes need.

- *has the event facility address changed:

yes☐

no☐
- *has the event date changed:

yes☐

no☐
- *has the event playing time(s) changed:

yes☐

no☐

ADDRESS CHANGES

Previous Event Address	

* If the event facility address has changed, but is still leased or donated, a copy of the new signed lease or donated statement showing the new address must accompany this request.
*If the new event facility was purchased, a copy of the signed purchase agreement must be sent.

New/Current Event Address	

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| DATE &/OR TIME CHANGES                   |  |
|------------------------------------------|--|
| Single Event Date & Time Changes         |  |
| Change Event <b>Date</b> FROM:(old date) |  |
| Change Event <b>Date</b> TO:(new date)   |  |

Previous Event Time(s) from:    Beginning Time\_\_\_\_\_ Ending Time \_\_\_\_\_

New Event Time(s) to:    Beginning Time \_\_\_\_\_ Ending Time \_\_\_\_\_  
*(Please specify AM or PM - AM establishes the midnight hour and PM establishes the noon hour)*

| Annual Bingo License Date & Time Changes     |  |                                           |  |
|----------------------------------------------|--|-------------------------------------------|--|
| REMOVE/OLD: List week day &/or playing times |  | ADD/NEW: List week day &/or playing times |  |
| Sun                                          |  | Sun                                       |  |
| Mon                                          |  | Mon                                       |  |
| Tues                                         |  | Tues                                      |  |
| Wed                                          |  | Wed                                       |  |
| Thur                                         |  | Thur                                      |  |
| Fri                                          |  | Fri                                       |  |
| Sat                                          |  | Sat                                       |  |

License #:\_\_\_\_\_ **Officer’s Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

**Officer’s Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

*(All requests must be signed by only an active officer, listed on the most recent COF)*

SECTION 3

SECTION 2

OPERATOR & WORKER INFORMATION

(Refer to pages 38 & 39 of Publication # 2 for information on status of a operator & worker)

Attach additional copies if needed.

Reminders:    \* *Non-member* bartenders can not participate in any single event.    They can only be added to an Annual Pull Tab or Bingo license to sell Pull Tab, Tip Board and Punch Boards behind the bar.

\* Operators must have been a member of the organization for 1 full year & workers must have been a member for at least 30 days.

List below:    **OPERATORS to be ADDED** to License:    License # \_\_\_\_\_

| SSN | Name | Address | Date of Birth<br>mm/dd/yy | Daytime phone<br>(with area code) | Member?<br>Yes or No | Tot. Yrs<br>as member | Bartender?<br>Yes or No |
|-----|------|---------|---------------------------|-----------------------------------|----------------------|-----------------------|-------------------------|
|     |      |         |                           |                                   |                      |                       |                         |
|     |      |         |                           |                                   |                      |                       |                         |
|     |      |         |                           |                                   |                      |                       |                         |
|     |      |         |                           |                                   |                      |                       |                         |
|     |      |         |                           |                                   |                      |                       |                         |

List below:    **WORKERS to be ADDED** to Event:

| SSN | Name | Address | Date of Birth<br>mm/dd/yy | Daytime phone<br>(with area code) | Member?<br>Yes or No | Tot. Yrs<br>as member | Bartender?<br>Yes or No |
|-----|------|---------|---------------------------|-----------------------------------|----------------------|-----------------------|-------------------------|
|     |      |         |                           |                                   |                      |                       |                         |
|     |      |         |                           |                                   |                      |                       |                         |
|     |      |         |                           |                                   |                      |                       |                         |
|     |      |         |                           |                                   |                      |                       |                         |
|     |      |         |                           |                                   |                      |                       |                         |

Please list the **Operators and/or Workers** you wish to have **REMOVED** from your current licensed event.    License # \_\_\_\_\_

- 1) \_\_\_\_\_ 3) \_\_\_\_\_
- 2) \_\_\_\_\_ 4) \_\_\_\_\_
- License # \_\_\_\_\_ **Officer’s Signature:** \_\_\_\_\_ Date: \_\_\_\_\_
- Officer’s Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

*(All requests must be signed by only an active officer, listed on the most recent COF on file)*